

Attorney Docket No. 3560-0137PUS1

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292
 P.O. Box 747 • Falls Church, Virginia 22040-0747
 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:
 YOU MUST
 COMPLETE
 THE
 FOLLOWING:
 ↓

Full Name of First
 or Sole Inventor
 Inventor Name of
 Inventor if any
 (initials)
 in the
 Document is Signed

Inventor Residence
 Inventor Citizenship

Inventor Post Office
 Address

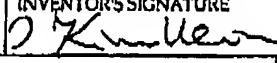
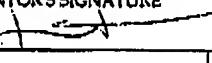
Full Name of Second
 Inventor, if any
 (initials)
 see above

Full Name of Third
 Inventor, if any
 (initials)
 see above

Full Name of Fourth
 Inventor, if any
 (initials)
 see above

Full Name of Fifth
 Inventor, if any
 (initials)
 see above

Full Name of Sixth
 Inventor, if any
 (initials)
 see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Johann KINDLEIN		28.04.2004
Residence (City, State & Country)		CITIZENSHIP
Toenisvorst, GERMANY		GERMAN
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Rebhuhnweg 13, 47918 Toenisvorst, GERMANY		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Rudolf Leonard Josef SCHOLTE		29.04.2004
Residence (City, State & Country)		CITIZENSHIP
AMERSFOORT, The NETHERLANDS		
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Oranjelaan 27, 3818 GP AMERSFOORT, The Netherlands		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

2004/05/11 15:42:56 OOOPS